

Tel: 0300 790 6172

United Utilities Trust Fund Application Form

To apply you must receive your water and/or wastewater services from United Utilities.

1 PLEASE TELL US ABOUT YOURSELF AND YOUR FAMILY

Title Mr/Mrs/Miss/Ms/Other	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are you a homeowner?	<input type="text"/> YES <input type="text"/> NO
				or do you pay rent to;	Housing Assoc <input type="text"/> Local Authority <input type="text"/> Private landlord <input type="text"/> Other <input type="text"/>
National Insurance number	<input type="text"/>				
Email	<input type="text"/>				

2 WHO SHARES YOUR HOME WITH YOU?

I live alone	<input type="text"/>	Wife*	<input type="text"/>	Husband*	<input type="text"/>	Partner*	<input type="text"/>	Children	<input type="text"/>	Other*	<input type="text"/>
*Please give full names(s) and occupation(s)		<input type="text"/>									
		<input type="text"/>									
How many children 16 and under live with you?	<input type="text"/>	Ages of children	<input type="text"/>								
How many other adults or children over 16 live with you?	<input type="text"/>	Ages of children	<input type="text"/>								
Please tell us if they are:	Employed	<input type="text"/>	Unemployed	<input type="text"/>							
Are you or anyone in your household disabled?	<input type="text"/>	If YES, please tell us who	<input type="text"/>								
If you would like to know more about United Utilities Extra Care Services please tick this box.											
<input type="text"/>											

3 HAVE YOU APPLIED TO THE TRUST BEFORE?

If you have applied to the Trust before please tell us when and from what address if this was different from your current address

Date applied (approx)	<input type="text"/>	Address	<input type="text"/>
			<input type="text"/>
			Postcode <input type="text"/>

IMPORTANT ADVICE: IF YOU ARE COMPLETING THIS APPLICATION WITHOUT HELP FROM A MONEY ADVISER AND/OR YOU ARE HAVING DIFFICULTY PAYING ANY OF YOUR ARREARS, YOU CAN GET FREE HELP AND ADVICE FROM YOUR LOCAL CITIZENS ADVICE BUREAU OR OTHER ADVICE CENTRES

4 WHAT WOULD YOU LIKE US TO CONSIDER HELPING YOU WITH?

Payment of arrears on water and waste water charges ☐

Payment of current water and waste water charges ☐

Payment of arrears on other bills ☐

Assistance with other costs ☐

5 PLEASE GIVE US DETAILS OF YOUR WATER AND WASTE WATER ACCOUNTS

Account number (you can find this on your water bill)

Total £ outstanding

If you are applying for help with arrears from a previous address, please add the address details below

Postcode

Account no:

Do you have a water meter? (please tick) YES

☐

NO

☐

6 PAYING YOUR WATER BILLS

Are your water charges deducted direct from your benefits?

YES ☐

NO ☐

If 'NO' how do you want to pay for your future charges?

PAYMENT CARD

☐

DIRECT DEBIT

☐

DEDUCTED FROM BENEFITS

☐

Do you prefer to pay:

Weekly

☐

Fortnightly

☐

Monthly

☐

7 ARE YOU IN ANY DEBT WITH ANY OF THE FOLLOWING?

	Arrears	Weekly payment/offer	Benefit deductions		Arrears	Weekly payment/offer
Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>	HP agreements	<input type="text"/>	<input type="text"/>
Mortgage / Secured loan	<input type="text"/>	<input type="text"/>	<input type="text"/>	Catalogues	<input type="text"/>	<input type="text"/>
Council tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	Store/credit cards	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>	<input type="text"/>	Loans	<input type="text"/>	<input type="text"/>
Electricity	<input type="text"/>	<input type="text"/>	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
Social Fund Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Court fines	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

8 WHO IS YOUR CURRENT ENERGY SUPPLIER? (We may be able to make you aware of other organisations who can help)

Gas Electricity

9 TELL US ABOUT YOUR FINANCIAL SITUATION - PLEASE INCLUDE ALL HOUSEHOLD INCOME

INCOME	WEEKLY FIGURES
Proof of this must be enclosed	

Wages/Salary

Your take home pay	
Partner's take home pay	

Benefits/Tax Credits

Housing benefit	
Council tax support	
Support for mortgage interest	
Jobseeker's allowance	Contribution based Income based
Universal Credit	
Income Support	
Child Benefit	
Child Tax Credit	
Working Tax Credit	
Maternity pay/allowance	
Bereavement Benefits	
Statutory Sick Pay	
Incapacity Benefit	
Employment and Support Allowance	Contribution based Income based
Carer's allowance	
Disability Living Allowance (care)	
PIP (daily living)	
Disability Living Allowance (mobility)	
PIP (mobility)	
Industrial Disablement Benefits	
Severe Disability Allowance	
Attendance Allowance	

Pensions

Retirement pension	
Partners' pension	
Occupational pension	
Private pension	
Pension credit	
Other - please specify	

Other Income

Maintenance	
Student grant/loan	
Income from lodgers or property	
Contribution from son/daughter	
Contribution from any other adult living at the property	
Other - please specify	

TOTAL WEEKLY INCOME

What (if any) savings do you have?

OUTGOINGS	WEEKLY FIGURES
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Housing Costs

Rent	
Mortgage	
Secured loans/2nd mortgage	
Council tax	
Life insurance	
Building/Contents insurance	
Other - please specify	

Utilities

Water/wastewater	
Gas	
Electricity	
Coal and other fuels	

Housekeeping

Food & general housekeeping	
Clothing	
Laundrette	
Pet Costs	

Children

Child care	
School meals etc	
Child Maintenance	

Travel

Car costs (inc. MOT, tax & petrol)	
Fares - train/bus	
Motability car	

Health

Care costs/special needs	
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Other Outgoings

TV licence	
Sky/cable/internet	
Cigarettes/Alcohol	
Appliance rental	
Telephone (inc mobiles)	
Loans, credit/store cards & catalogues	
HP Payments	
Benefit Overpayments	
Other - Please specify	

**DO NOT FORGET TO ENCLOSE
PROOF OF ALL YOUR INCOME**

TOTAL WEEKLY OUTGOINGS

10a PLEASE TELL US WHY YOU HAVE NOT BEEN ABLE TO PAY YOUR WATER/SEWERAGE BILL?

Please give as much information as possible about your circumstances. Add dates where possible and details of any particular hardship/illness or disability that affects you and your family and has led to your difficulties.

Continue on the blank sheet at the back of this form if necessary

10b HOW WILL A GRANT HELP YOU TO MAINTAIN FUTURE PAYMENTS?

11 IN CERTAIN CASES THE TRUST CAN CONSIDER GIVING HELP TOWARDS OTHER HOUSEHOLD BILLS OR AN ESSENTIAL HOUSEHOLD ITEM. PLEASE TELL US WHAT YOU NEED AND HOW THIS WILL HELP YOU.

Important: You must always include a copy of the bill you are requesting help with. Without this, we will be unable to consider your request. Please add a contact telephone number for delivery options if you are requesting help with a household appliance.

CONTACT TELEPHONE NUMBER:

Please tick if you have an old
appliance to be removed

☐

Please note: If the Trust agrees to purchase a household item, the choice of make and type is at the discretion of the Trustees and will be restricted to a limited range from our designated supplier.

12 DECLARATION

I declare that the information I have given on this form is complete and correct to the best of my knowledge.

I authorise the Trust or their representatives to: (a) contact the supplier of my water/waste water service and any referral agency, other organisation or relevant person for clarification and/or confirmation of amounts owing or other information which the Trustees consider relevant to my application, (b) provide relevant information to the water/sewerage company to enable future budgeting of water charges, and (c) provide relevant information to my energy supplier/relevant Trust Fund for the purpose of seeking additional grant aid.

Signature

Print name

Date

13 IMPORTANT: IF YOU HAVE COMPLETED THIS FORM YOURSELF YOU MUST ENCLOSE PROOF OF ALL INCOME

So that we can consider your request you **MUST** enclose up to date **PROOF OF ALL THE HOUSEHOLD INCOME** with your application (ie. yourself, partner, other adults and children)

- All documents must clearly show name and address details as well as the amounts received.
- The letter which shows the benefits you receive must be less than one year old or less than six months if for tax credits and show your weekly payment.
- If providing wage slips please send copies of 3 recent consecutive wage slips.
- You may also provide a copy of your latest bank statement/s showing the amounts received if you cannot find other necessary proof of income.

14 IF SOMEONE HAS HELPED YOU TO COMPLETE THIS FORM, PLEASE ASK THEM TO ADD THEIR DETAILS

Title Mr / Mrs / Miss / Ms / Other

Name

Job title

Organisation

Address

Postcode

Telephone number

Email

If you are from an Advice Agency and you are unable to enclose proof of income, by signing this statement you are confirming you have seen and verified all the applicants proof of income.

Signature

Date

Please note: Copies of this information may be requested.

IF THIS STATEMENT IS NOT SIGNED THE APPLICATION WILL BE RETURNED.

15 PLEASE HELP US TO HELP MORE PEOPLE

Please tell us where you heard about the Trust Fund and/or where you obtained the application form.

16 EQUAL OPPORTUNITIES

You do not have to complete the following section if you do not want to. The questions are not part of your application; however, your answers will help us to make sure that we are reaching all members of the community.

Are you

Male

☐

Female

☐

What do you consider your ethnic origin to be?

WHITE

British

☐

Irish

☐

Any other White background

☐

MIXED

White & Black Caribbean

☐

White & Black African

☐

White & Asian

☐

Any other mixed background

☐

ASIAN OR ASIAN BRITISH

Indian

☐

Pakistani

☐

Bangladeshi

☐

Any other Asian background

☐

BLACK OR BLACK BRITISH

Caribbean

☐

African

☐

Any other Black background

☐

Chinese

☐

Any other Ethnic Group

☐

17 WHAT HAPPENS NEXT?

When we receive your application, we will write to you by return of post and provide you with a unique reference number. Keep this safe. You will need to quote it if you contact us.

IF YOU DO NOT ENCLOSE PROOF OF ALL HOUSEHOLD INCOME, IT WILL DELAY YOUR APPLICATION AS IT WILL HAVE TO BE RETURNED TO YOU.

Your Questions:

If I am unsure or I have a question, can I speak to a real person?

Yes, one of our friendly staff is always available to take your call. We are available between 9am - 5pm Monday to Friday on 0845 179 1791.

If my application is not successful... what can I do?

We suggest that you telephone the water company to discuss what other options are available or you may benefit from some help from an advice agency. There is a whole range of organisations such as Citizens Advice Bureaux, Local Authorities and Social Landlords who can provide free independent and confidential advice on your finances and can ensure that you are obtaining all the benefits and other income you are entitled to. If you do not receive a grant from the Trust, you can apply again after six months.

What is the Trust not able to help me with?

The Trust cannot give you a loan or give help with bills you have already paid or items that you have already bought. It will not consider grants towards: Court fines, catalogue debts, credit cards, personal loans or other forms of borrowing, benefits/tax credit overpayments.

Can I apply if another company on behalf of United Utilities Water collects my water or waste water service?

Yes you can...

For Money Advisers:

When applying on behalf of your client don't forget there is an 'Online Form' for advisers use only.

Do not forget if you have a payment plan in place you should continue to make payments whilst your application is being dealt with.

Please use this page to add any further information you wish to tell us.

Please return the completed form in the envelope provided or send to:

**UNITED UTILITIES TRUST FUND
FREEPOST RLYY-JHEJ-XCXS
Sutton Coldfield
B72 1TJ**

United Utilities Trust Fund is an independent charitable Trust.

**Trustees oversee the policy and development of the Trust.
The day-to-day management of the Trust is undertaken by Auriga Services Limited
within guidelines and delegation set by the Trustees.**

United Utilities Trust Fund is a registered charity and a company limited by guarantee.

Registered in England No: 05309512

Registered Charity No: 1108296